PTO/SB/06 (07-06)

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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/673,936			ing Date 29/2003	To be Mailed	
APPLICATION AS FILED – PART I (Column 1) (Column 2)							SMALL ENTITY 🛛			OTHER THAN OR SMALL ENTITY		
Н	FOR	l N	NUMBER FILED		NUMBER EXTRA		RATE (\$)	FEE (\$)	<u> </u>	RATE (\$)	FEE (\$)	
	BASIC FEE (37 CFR 1.16(a), (b),	-	N/A	LD NO	N/A		N/A	TEE (a)	i	N/A	TEE (0)	
┢	SEARCH FEE	or (c))	N/A		N/A		N/A		1	N/A		
H	(37 CFR 1.16(k), (i), EXAMINATION FE		N/A		N/A		N/A		ł	N/A		
	(37 CFR 1.16(o), (p), FAL CLAIMS	or (q))	minus 20 =				x \$ =		OR	x s =		
INE	CFR 1.16(i)) EPENDENT CLAIM	s	minus 3 = *			ı	x s =			x s =		
	CFR 1.16(h))	shee	specifica	gs exceed 100 n size fee due	ı			1				
	APPLICATION SIZE (37 CFR 1.16(s))	FEE is \$2 addit	50 (\$125 ional 50 s									
	MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.18(I))								1			
* If	* If the difference in column 1 is less than zero, enter "0" in column 2.								1	TOTAL		
APPLICATION AS AMENDED – PART II OTHER THA												
⊢	(Column 1) CLAIMS		_	(Column 2) HIGHEST	, ,		SMALL ENTITY		OR	SMA	ALL ENTITY	
AMENDMENT	04/23/2007	REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.16(i))	• 4	Minus	 20	= 0		X \$25 =	0	OR	x s =		
	Independent (37 CFR 1.16(h))	• 1	Minus	3	= 0		X \$100 =	0	OR	x s =		
	Application Size Fee (37 CFR 1.16(s))											
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(j))								OR			
							TOTAL ADD'L FEE	0	OR	TOTAL ADD'L FEE		
(Column 1) (Column 2) (Column 3)												
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.16(1))		Minus		=	i	x \$ =		OR	x s =		
Ž	Independent (37 CFR 1,16(h))		Minus	***	=	1	x \$ =		OR	x \$ =		
Ĭ	Application Size Fee (37 CFR 1.16(s))					ı			1			
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR			
									OR	TOTAL ADD'L FEE		
If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1.												

This collection of information is equated by 37 CER 1.10. The information is required to obtain or retain a benefit by the public which is in Sife (and by the USETO to noceess) an implication. Confidentiality is governed by 85 US of 22 and 37 CER 1.4. This collection is estimated to state 2 relativeste to complete in excluding patternity, preparing, and submitting the completed application form to the USETO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or segregations form double be sent to the CEMPT (information Officer, U.S. Fattern and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandrius, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissionment for Patternity, P.O., Box 1450, Alexandrius, VA 22313-1450, DR NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissionment for Patternity, P.O., Box 1450, Alexandrius, VA 22313-1450, DR NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissionment for Patternity For, D. Box 1450, Alexandrius, VA 22313-1450, DR NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissionment for Patternity For, D. Box 1450, Alexandrius, VA 22313-1450, DR NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissionment for Patternity For, D. Box 1450, Alexandrius, VA 22313-1450, DR NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissionment for Patternity For, D. Box 1450, Alexandrius, VA 22313-1450, DR NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissionment for Patternity For Dr. Box 1450, Alexandrius, VA 22313-1450, DR NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissionment for Patternity For Dr. Box 1450, Alexandrius, VA 22313-1450, DR NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO THIS ADDRESS. SEND TO THIS ADDRESS. SEND TO THIS ADDRESS. SEND TO THE TOTAL THIS ADDRESS. SEND TO THIS ADDRESS. SEND TO THIS ADDRESS. SEND TO THE TOTAL THIS ADDRESS. SEN